

Docket No. 52427-AB/JPW/GJG/BJAIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Don Fishbein

Serial No. : 10/799,197 Examiner: Alicia R. Hughes

Filed : March 12, 2004 Group Art Unit: 1614

For : USE OF OXANDROLONE IN THE TREATMENT OF BURNS AND OTHER WOUNDS

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: September 2, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	17 -	* 20 =	*** 0 X	\$26	\$52	=	0.00	
Independent Claims	1 -	** 3 =	*** 0 X	\$110	\$220	=	0.00	
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				\$195	\$390	=	0.00	
				TOTAL ADDITIONAL FEE			\$0.00	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

Page 2

The following are also enclosed:

 One additional copy of this Amendment Transmittal Letter

 X Return Receipt Postcard

 X An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes X No

and a fee of \$ 180.00 included)

 A Petition for an Extension of Time, including a fee of
\$ for a Petition for Month(s) Extension of Time

 X Other (identify): Copies of references as Exhibits A-C; and PTO
Form-1449 (Substitute) as Exhibit D and copies of
items as Exhibits 1-6

THE TOTAL FEE DUE IS \$ 180.00

 X A check in the amount of \$ 180.00 is enclosed.

 Please charge Deposit Account No. in the amount of
\$.

 X The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

 X Fees under 37 C.F.R. §1.16 for the presentation of extra claims

 X Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:	
Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.	
<u>Gary J. Gershik</u> John P. White Reg. No. 28,678 Gary J. Gershik Reg. No. 39,992	<u>9/2/09</u> Date

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